

Madigan Army Medical Center Referral Guidelines

Transient Impairment of Consciousness

Diagnosis/Definition

Credible history of impairment or loss of consciousness with complete return to mental status baseline in 24 hours or less.

Initial Diagnosis and Management

- History and physical examination, including neurologic, cardiologic and a supervised period of at least 3 minutes of hyperventilation.
- Electrocardiogram, serum glucose, electroencephalogram (EEG), thyroid screen and holter if clinically indicated.
- Reassurance, treatment of underlying glucose abnormality or thyroid disease.

Management and Objectives

Depends upon underlying cause (neurologic, cardiac, metabolic, psychogenic).

Indications for Specialty Care Referral

- History suspicious for seizure disorder.
- Abnormal neurological exam in which case head imaging should be added to pre-referral test list.
- Abnormal EEG.

Criteria for Return to Primary Care

- Neurology opinion that cause is not within the nervous system.
- Underlying cause treated and stabilized, manageable by primary care with occasional or prn neurologic input.

Last Review for this Guideline: **July 2010**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator